

IN THE UNITED STATES BANKRUPTCY COURT FOR THE
EASTERN DISTRICT OF TENNESSEE
NORTHERN DIVISION AT KNOXVILLE

In re:)	
)	
DAVID WAYNE KIRKLAND)	Case No. 3:17-30744-SHB
)	
)	Chapter 7
Debtor.)	

NOTICE OF AMENDMENT

Comes now the Debtor, by and through counsel, and pursuant to E.D. Tenn. LR 1007-1(b), does hereby give notice of the following amendment(s):

1. Amending Schedule E/F to add Comcast and Leconte Radiology as creditors.

Dated: June 6, 2017

/s/Richard M. Mayer
/s/John P. Newton, Jr.
Richard M. Mayer, #5534
John P. Newton, Jr., #010817
Attorneys at Law

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and exact copy of the foregoing Notice of Amendment has been served upon the following parties via U. S. Mail [postage prepaid], email, and/or Electronic Case Filing:

Tiffany Diiorio
Office of the U.S. Trustee

W. Grey Steed
Chapter 7 Trustee

/s/Richard M. Mayer
/s/John P. Newton, Jr.
Richard M. Mayer, #5534
John P. Newton, Jr., #010817
Attorneys at Law

Dated: June 6, 2017

Fill in this information to identify your case:

Debtor 1 **David Wayne Kirkland**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF TENNESSEE**

Case number **3:17-bk-30744-SHB**
 (if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Comcast Nonpriority Creditor's Name P.O. Box 530098 Atlanta, GA 30353-0098 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3204 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility
		\$524.90

Debtor 1 **David Wayne Kirkland**

Case number (if know)

3:17-bk-30744-SHB

4.2

Leconte Radiology

Nonpriority Creditor's Name

c/o Online Information Services**PO Box 1489****Winterville, NC 28590-1489**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3536****\$90.36**When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00
Total claims from Part 2	6f. Student loans	6f. \$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	615.26
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	615.26

**UNSWORN DECLARATION UNDER PENALTY OF PERJURY TO
AMENDED SCHEDULES E/F**

I, David Wayne Kirkland, declare under penalty of perjury that I have read the above Amendment, and the matters stated therein are true and correct to the best of my knowledge, information and belief.

DATED: 06/03/17

/s/DAVID WAYNE KIRKLAND

DATED: 06/03/17

/s/JOHN NEWTON, JR./s/RICHARD MAYER

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and exact copy of the foregoing **Amendment to Schedule E/F** has been forwarded by first class, U.S. Mail (USM), postage prepaid, or by Electronic Case Filing (ECF) to the following:

W. Grey Steed, Chapter 7 Trustee (ECF)
Tiffany Diiorio, Office of the U.S. Trustee (via email tiffany.diiorio@usdoj.gov)

Comcast
PO Box 530098
Atlanta, GA 30353-0098

Leconte Radiology
c/o Online Information Services, Inc.
PO Box 1489
Winterville, NC 28590-1489

/s/Richard M. Mayer, #5534
/s/John P. Newton, Jr., #010817
Attorneys for Debtor

Dated: 06/06/17